

ATTESTATION OF CONTINUING EDUCATION

Name _____
ARNP License. # _____

I hereby attest to having met _____ contact hours of continuing education as an advanced registered nurse practitioner in the specialty area of _____ during this renewal period. I also attest to having _____ CEs in pharmacology during this renewal period. (Only if you have prescriptive authority) I will furnish the Nursing Commission proof of having met this requirement as specified by the Nursing Commission if requested to do so.

Signature _____ Date _____ *

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ATTESTATION OF ADVANCED NURSING PRACTICE

Name _____
ARNP License. # _____

I hereby attest to having met the required minimum of 250 hours of practice as an advanced registered nurse practitioner in the specialty area of _____ during this renewal period. I will furnish the Nursing Commission proof of having met this requirement as specified by the commission if requested to do so.

Practice Site #1-Address _____

Practice Site #2-Address _____

Site #1 Contact Person _____ Phone # _____

Site #2 Contact Person _____ Phone # _____

Signature _____ Date _____